

Martha G. Bronitsky
Chapter 13 Standing Trustee
6140 Stoneridge Mall Rd #250
Pleasanton, CA 94588-4588
(925) 621- 1900

Trustee for Debtor(s)

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND DIVISION

In re

Ernest Louis Besso
Carrie Elizabeth Besso

Chapter 13 Case No. 14-42590-RLE13

**OBJECTION TO CLAIM #14 AND
NOTICE THEREOF WITH
CERTIFICATE OF SERVICE**

debtor(s)

OBJECTION TO CLAIM

I, Martha G. Bronitsky, Chapter 13 Standing Trustee, hereby object to the claim of:
Nordstrom C/O Zwicker & Associates
Attn: Officer Patrick L Forte
1320 Willow Pass Rd #730
Concord, CA 94520
(Creditor)

Trustee has received a notice for claim #14 stating Account has been closed. Said notice is attached to this objection. Creditor is entitled to keep any funds already received and this claim is disallowed upon entry of order granting this objection.

NOTICE

NOTICE IS HEREBY GIVEN

- (i) That local rule 9014-1 of the United States Bankruptcy Court for the Northern District of California prescribes the procedures to be followed and that any objection to the requested relief, or a request for hearing on the matter must be filed and served upon initiating party within 28 days of mailing of the notice;
- (ii) That a request for a hearing or objection must be accompanied by any declarations or memoranda of law the party objecting or requesting wishes to present in support of its position,
- (iii) That if there is not a timely objection to the requested relief or a request for hearing, the court may enter an order granting the relief by default; and

(iv) Either: (a) That the initiating party will give at least 10 days written notice of hearing to the objecting or requesting party, and to any trustee or committee appointed in the case, in the event any objection or request for hearing is timely made; or (b) The tentative hearing date.

/s/ Martha G. Bronitsky

Signature of Martha G. Bronitsky
Chapter 13 Standing Trustee

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that I have served a copy of this document with attachments by depositing it in the United States mail with first class postage in a sealed envelope addressed to the following parties:

Ernest Louis Besso
Carrie Elizabeth Besso
553 Kings Road
Alameda, CA 94501

Patrick L Forte Atty
1 Kaiser Plaza #480
Oakland, CA 94612

(Counsel for Debtor)

(Debtor(s))

Also notify:

Nordstrom
Attn: Managing Agent
C/O Zwicker & Associates, Pc
1320 Willow Pass Road, Suite 730
Concord, CA 94520-0000

I HEREBY CERTIFY that I have served a copy of this document with attachments by depositing it in the United States mail with certified mail postage in a sealed envelope addressed to the following parties:

Nordstrom FSB
Attn: Officer
8502 East Princess Dr #150
Scottsdale AZ 85255

1 I declare under penalty of perjury under the laws of the State of California that the foregoing is
2 true and correct.

3
4 Date: June 08, 2015

/s/ Rachel A Baum

Rachel A Baum



ZWICKER & ASSOCIATES, P.C.
ATTORNEYS AT LAW
80 Minuteman Road, Andover, MA 01810-1008
Tel. (800) 370-2251 Fax (978) 686-3538
NY CITY RESIDENTS ONLY CALL (877) 368-4531

THIS LAW FIRM
EMPLOYS ONE OR
MORE ATTORNEYS
ADMITTED TO
PRACTICE IN THE
FOLLOWING STATES:

04/23/15

Personal and Confidential

PATRICK FORTE, ESQ
1 KAISER PLAZA, #480
OAKLAND, CA 94612

ALASKA

ARIZONA

CALIFORNIA

Your client: CARRIE BESSO

COLORADO

Creditor: Nordstrom fsb
Account number ending in: 8395 ^{1,2,3,4}

File ID: 4223734

CONNECTICUT

FLORIDA

Dear Counselor:

GEORGIA

IDAHO

This firm is returning the original payment recently forwarded to us. Please note that we are taking this action as your client's account with this firm has either been closed or recalled by our client.

ILLINOIS

KENTUCKY

If you have any questions, please call this firm and ask to speak to one of our non-attorney account representatives.

MARYLAND

Sincerely,

MASSACHUSETTS

MICHIGAN

ZWICKER & ASSOCIATES, P.C.

MINNESOTA

NEW JERSEY

NEW HAMPSHIRE

NEW YORK

NORTH CAROLINA

OHIO

OREGON

PENNSYLVANIA

SOUTH CAROLINA

TENNESSEE

TEXAS

VIRGINIA

WASHINGTON

WEST VIRGINIA

WISCONSIN

DISTRICT OF
COLUMBIA

1 This firm is a debt collector.

2 This firm is attempting to collect a debt and any information obtained will be used for that purpose.

3 Important notices appear on the back of this letter. Please read them as they may affect your rights.

4 Colorado residents: please read important notice on the back of this letter.

GND036AT

UNITED STATES BANKRUPTCY COURT Northern District of California		PROOF OF CLAIM
Name of Debtor: Ernest Louis Besso & Carrie Elizabeth Besso	Case Number: 14-42590	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Nordstrom		
Name and address where notices should be sent: C/o Zwicker & Associates, PC 1320 Willow Pass Road, Suite 730 Concord, CA 94520 Telephone number: email:		<p style="text-align: center;">COURT USE ONLY</p> <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ <i>(If known)</i> Filed on: _____
Name and address where payment should be sent (if different from above): Telephone number: email:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: \$ <u>4,300.00</u>		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Abstract of Judgment</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <div style="text-align: center; font-size: 1.2em;">1 6 1 3</div>	3a. Debtor may have scheduled account as: <u>RG12621613</u> (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate <u>0.000</u> % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: <u>Abstract of Judgment</u> Amount of Secured Claim: \$ <u>4,300.00</u> Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).
<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
Amount entitled to priority: \$ _____		
<i>*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

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7. Documents: Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☐ I am the creditor. ☐ I am the creditor's authorized agent. ☒ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Patrick L. Forte

Title: Attorney for Debtors

Company: Law Offices of Patrick L. Forte

Address and telephone number (if different from notice address above):
1 Kaiser Plaza #480

Oakland, CA 94612

/s/ Patrick L. Forte

03/27/2015

(Signature)

(Date)

Telephone number: (510) 465-3328 email: _____

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves, FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.